

## **EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE**

Ameritel Spectrum, 7499 Overland Rd., Boise, ID

December 8, 2005

### **COMMITTEE MEMBER ATTENDEES:**

James Ackerman, EMT- Paramedic  
Vicki Armbruster, Volunteer Third Service Member  
Lynn Borders, County EMS Administration  
Ken Bramwell, Emergency Pediatric Medicine  
Kallin Gordon, EMT-Basic Member  
Lloyd Jensen, Idaho Chapter of the American Academy of Pediatricians  
Karen Kellie, Idaho Hospital Association Member  
David Kim, Idaho Chapter of ACEP Member  
Robert D Larsen, Private Agency Member  
Mary Leonard, State Board of Medicine Member  
Allen Lewis, EMS Instructor  
Scott Long, Idaho Fire Chiefs Association Member  
Catherine Mabbutt, Board of Nursing Member  
Cindy Marx, Third Service Non-Transport Member  
Tim Rines, Career Third Service  
Ken Schwab, Advanced EMT-A  
Murry Sturkie, DO, Idaho Medical Association Member  
Season Woods, Fire Department Based Non-Transport

### **COMMITTEE MEMBERS ABSENT:**

Pam Holmes, Air Medical Member  
Thomas Kraner, Committee on Trauma of the Idaho Chapter of ACS  
Ethel Peck, Idaho Association of Counties Member

### **VACANT MEMBER SEATS**

Consumer

### **EMS STAFF ATTENDEES:**

Chicoine, Kay	Gruwell, Scott
Cramer, John	Kozak, Jim
Denny, Wayne	Munroe, Shana
Edgar, Andy	Neufeld, Dean
Freeman, Barbara	Newton, Tawni
Gainor, Dia	Thrasher, Carolyn

### **Other Attendees:**

Allen, Tom - Nampa Fire Department	Long, Jeff – American Training Associates
Anderson, Ron - Meridian Fire Department	McKinnon, Debra - Latah County
Courtney, Michael - St. Alphonsus Life Flight	Roberts, Paul – Boise Fire
Evans, Roger – Kootenai Medical Center	Sharp, Lynette - Air Idaho Rescue
Floerchinger-Franks - Ginger, IHA	Weiss, Joe – East Boise County Ambulance
Iverson, Hal – Air St. Luke's	Weiss, Phyllis – East Boise County Ambulance
Johnson, Bill - Meridian Fire Department	

Discussion	Decisions/Outcomes
<b>General Business</b>	
Welcome to new members, Catherine Mabbutt (Board of Nursing) and Lloyd Jensen (Idaho Chapter of the American Academy of Pediatricians).	Minutes approved as modified.
Meeting Dates for September and December 2006.	Sept 13 & 14, 2006 December 13 & 14, 2006
<b>Idaho Emergency Communications Commission Dispatch Center Survey Executive Summary [05-20]</b>	
<p>Dia reported on the recently completed dispatch center survey by the Idaho Emergency Communications Commission. The survey was engaged to determine the baseline for each Idaho county in terms of the use of 911 and various dispatch technologies. The survey results will be helpful to the Statewide Interoperability Executive Council (SIEC) and other government and public safety entities for planning purposes.</p> <p>Some interesting findings: Not all dispatch centers are equipped to find wireless callers which comprise 32% of callers. Only 2/3 of dispatch centers use computer aided dispatch. About 2/3 are using geographical information systems. Only 1/2 of the centers are using EMD.</p> <p>Greg Vickers is the representative on the Commission for EMS.</p>	
<b>ICEE Project Review</b>	
<p>Dia Gainor gave a review of Idaho Consortium for EMS Education (ICEE) activities. The Consortium is a convening of proprietary schools, universities, and colleges that teach EMS programs. The EMS Bureau has been giving training course approval that centered on the model of locally sponsored courses. But this method of approving individual courses doesn't fit well with the institution setting. The Bureau needs to know when courses are being held, information for exams, and data about students.</p> <p>ICEE is going through the EMS specific National Accreditation standards and comparing requirements with current rules to determine what standard to apply to courses that will be modeled</p>	

<p>after the National Accreditation process. This could be an alternate pathway for course approval. Ideally the EMT-I and paramedic courses would be “state accredited,” meaning they are taught by or through a relationship with an institution of higher education.</p>	
<p style="text-align: center;"><b>Pending Legislation</b></p>	
<ol style="list-style-type: none"> <li>1. Idaho County Risk Management discovered that their liability coverage doesn't include off-line medical direction. ICRMP is adding off-line medical directors to their insurance coverage product.</li> <li>2. Trauma Care Improvement. (Not a Trauma Registry Act.) A group of physicians who recognized it was time to do something about a leading cause of death in Idaho are entertaining an idea that would create a dedicated fee on motor vehicle registrations to be used for acquisition of equipment for hospitals and EMS agencies related to care of trauma patients and the provision of trauma specific education programs. It could also be a potential source of reimbursement for hospitals participating in the trauma registry. The Idaho Medical Association (IMA) will not suggest that the funds could be used for un-compensated care for trauma patients. Who would administer these funds if legislation is introduced and passed has not been discussed.</li> </ol>	
<p style="text-align: center;"><b>Proposed Legislation Establishing an EMS Physician Commission in Idaho [5-22]</b></p>	
<p>Dia Gainor discussed a white paper describing the proposed legislation that will establish an EMS Physician Commission.</p> <p>Currently the Board of Medicine defines the allowable scope of practice of EMS providers and sets standards for medical direction.</p> <p>The EMSAC medical direction subcommittee recognized that EMS issues have become increasingly challenging, time-consuming and complex over the past 30 years, and yet the resolution of these issues is essential to assure the safety of the public and patients who are in the care of EMS providers.</p> <p>A task force formed in 2003 to re-write rule</p>	

<p>related to the EMS providers' scope of practice and medical supervision requirements. The proposed legislation will create an "Idaho EMS Physician Commission" that will assume all of the current EMS-specific authority of the Board of Medicine. The Commission creates a forum for physicians and a consumer member to determine standards, with each physician member representing a state organization or association that has a vested interest in the Idaho Emergency Medical Services system.</p> <p>Important assurance points in the legislation include:</p> <ul style="list-style-type: none"> <li>• All positions are appointed by the Governor and must include equitable geographic and rural representation.</li> <li>• Dedicated funding will come from certification fees paid by EMS personnel.</li> <li>• The Commission would have its own rulemaking authority.</li> <li>• Supportive relationship of the EMS Bureau, placing the Commission close to where the rest of the EMS administrative and policy issues are managed.</li> </ul> <p>The draft legislation has been approved by the Governor's Senior Health Policy Advisor and the State Health Officer. The Board of Medicine voted to remain neutral about the bill.</p> <p>The bill has been filed as a Department of Health and Welfare bill and doesn't require a sponsor. The EMS Bureau cannot lobby for the legislation.</p>	
<p align="center"><b>National Registry and IO Products Comparison</b></p>	
<p>Dia distributed a document showing the comparisons between the proposed exam vendors (National Registry and IO).</p> <p>The Registry has realized that there is a logistical challenge when there are fewer than 10 people per square mile. The affected states will meet with the Registry on Jan. 27 in Boise.</p> <p>This is a huge recognition by the Registry that a one size fits all approach doesn't fit all states.</p>	

<b>End of Life Initiatives - DNR</b>	
<p>It is anticipated that a task force may form to address DNR issues. A deputy attorney general at the Statehouse has become aware that there are issues with end of life advanced directives, living will, and DNR that need to be integrated. There is a need to work on definitions and compliance intersection issues between EMS and other health facilities. He has asked for a delay until after the Legislature has adjourned.</p> <p>There was considerable discussion about DNR issues. The Bureau has distributed about 500 blank forms on demand per month and has received back as many as 300 completed forms a month. There was discussion about a consistent identification mechanism and whether EMS providers should recognize other mechanisms other than DNR forms or jewelry.</p> <p>It was stated that no one has rule making authority over the entities that provide end of life programs. The EMS Rules related to DNR and the Comfort One system only apply to EMS personnel. The “terminally ill” requirement for issuance of a DNR needs to be addressed. Current advice to agencies is to contact medical control when presented with other forms of DNR.</p>	
<b>Trauma Registry Update [05-21]</b>	
<p>John Cramer reviewed the Trauma Registry progress for the past year. The Registry will link composite data from four data sources, Patient Care Reports (PCR), Office of Highway Safety (OHS) crash data, Vital Statistics mortality data, and hospital trauma data.</p> <p>A contract was awarded in September to the Idaho Hospital Association (IHA). Ginger Floerchinger-Franks is the Idaho trauma registry director. She presented the implementation plan. IDAPA, Title 57, chapter 20 establishes the registry. The purposes of the registry are system improvement, prevention and research activities. Next steps are to finalize project details, complete software development, conduct hospital census, recruit pilot sites, implement pilot project, and apply quality control to data entry.</p> <p>A pilot group of about 20 agencies will begin</p>	

<p>data entry in the first quarter of 2006. The Bureau has already issued a Request for Quotes (RFQ) for a new PCR program.</p> <p>There was a suggestion to require data specific to the pediatric population.</p> <p>The trauma band will be the device essential to linking the data from the PCR with other data in the registry.</p>	
<p align="center"><b>EMT-I Implementation Plan 5-14</b></p>	
<p>Andy Edgar and Wayne Denny presented the EMT-I implementation plan draft which can be a guide to an agency interested in becoming an EMT-I agency.</p> <p>Issues that still need to be addressed:</p> <ol style="list-style-type: none"> <li>1. Number of educational hours</li> <li>2. Scope of practice is still pending</li> <li>3. Grant support parameters not finalized</li> </ol> <p>The scope of practice development is dependent on the outcome of the Physician Commission legislation.</p> <p>Potentially, the Bureau could be ready to implement by July 2006 if the scope of practice is defined expediently.</p>	
<p align="center"><b>EMSC Sub-Committee Report</b></p>	
<p align="center"><b>Key Points</b></p> <p>FY06-09 Grant Review and Goals</p> <ul style="list-style-type: none"> <li>▪ Assess the percentage of pre-hospital providers with on-line and off-line pediatric medical direction.</li> <li>▪ Assess the percentage of hospitals with pediatric interfacility transport agreements.</li> <li>▪ Establish a standardized system that recognizes hospitals that stabilize pediatric medical emergencies and trauma.</li> <li>▪ Establish an EMSC advisory committee with all required members.</li> <li>▪ Establish a state funded EMSC coordinator position.</li> <li>▪ Integrate EMSC priorities into existing EMS and hospital regulations.</li> <li>▪ Ensure that 90% of BLS and ALS</li> </ul>	

<p>agencies meet AAP/ACEP equipment guidelines.</p> <ul style="list-style-type: none"> <li>Create and implement pediatric education requirements for the re-certification of Paramedics.</li> </ul>	
<b>Medical Direction Sub-Committee Report</b>	
<p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>Physician education update</li> <li>ICRMP and Physician liability</li> <li>StateComm and Medical Supervision</li> <li>Agencies without medical supervision</li> <li>Recommendations - None</li> <li>EMS Physician Commission</li> </ul>	<p style="text-align: center;"><b>Sub-Committee Motion/Recommendations</b></p> <p>Recommendations - The subcommittee recommends EMSAC write a letter of support for this legislation.</p> <p style="text-align: center;"><b>General Session Motion</b></p> <p>A motion to recommend accepting the Medical Direction Sub-Committee's recommendation to support and endorse the Physician Commission legislation was seconded and carried.</p>
<b>Grant Sub-Committee Report</b>	
<p style="text-align: center;"><b>FY06 Training Grant Key Points</b></p> <ul style="list-style-type: none"> <li>\$62,237 awarded</li> <li>About half of previous amounts awarded in previous grant cycles</li> <li>Contracts not returned total \$12,670</li> <li>Equipment awards are shown on a map</li> <li>Red circles show approximate location of agencies receiving awards</li> <li>Black triangles indicate declined requests</li> <li>\$294,720 awarded</li> <li>\$239,401 not awarded</li> </ul>	
<p style="text-align: center;"><b>FY 07 Dedicated Training Key Points</b></p> <ul style="list-style-type: none"> <li>Grant funding likely to be decreased due to quadrennial decline in drivers license fees</li> <li>\$371,454 current balance</li> <li>\$562,512 same time last year</li> <li>Funds derived from drivers license fees paid into account monthly</li> </ul>	
<p style="text-align: center;"><b>FY07 Dedicated Grant Application Process Key Points</b></p> <ul style="list-style-type: none"> <li>Timelines set in Rule</li> <li>Applications to be sent to all agencies in</li> </ul>	

<p>January 2006</p> <ul style="list-style-type: none"> <li>• All applications must be reviewed with EMS Regional Consultant prior to submitting</li> <li>• Reduces errors</li> <li>• Prior cycles indicate reviewed applications more likely to receive awards</li> <li>• Photos of vehicles to be replaced will be required.</li> </ul>	
<p style="text-align: center;"><b>Vehicle Decals</b> <b>Key Points</b></p> <ul style="list-style-type: none"> <li>• Decals indicate that the vehicle purchase was made possible by the citizens of Idaho through the Idaho EMS dedicated grant program</li> <li>• Decals have been sent to vehicle award recipients from FY04 through FY05 to be affixed to new vehicle.</li> <li>• Decals will be sent to FY06 recipients when their new vehicle is received.</li> </ul>	
<p><b>Issue of Agency Misusing a Grant Awarded Vehicle Key Points</b></p> <ul style="list-style-type: none"> <li>• Agency is licensed by state as a transport agency</li> <li>• County has not approved transport status</li> <li>• Agency received ambulance award in FY06 cycle</li> <li>• Currently using as a QRU vehicle.</li> </ul> <p style="text-align: center;"><b>General Session Discussion</b></p> <p>There was discussion about the role of the Bureau in regards to local county ordinances. The Deputy Attorney General has determined it is inappropriate for the Bureau to delegate its authority to local government, but counties can control their EMS system design through ordinances. There was some confusion about licensure issues compared to grant issues surrounding county ordinances. The outcome will be determined by the decision of the local county.</p>	<p style="text-align: center;"><b>Sub-Committee Motions</b></p> <p>A motion to recommend the Bureau initiate the execution of the security agreement with the agency and to send a cease and desist order was seconded and carried.</p> <p>A motion to recommend that in the event that this results in a repossessed vehicle, it will be offered to the next successive grant applicant in the FY06 grant cycle was seconded and carried.</p> <p style="text-align: center;"><b>General Session Motion</b></p> <p>Motion to accept sub-committee recommendation to respond to inquiry from county commissioners about use of the vehicles by initiating the execution of the security agreement and to send a cease and desist order and; in the event that this results in a repossessed vehicle, it will be offered to the next successive grant applicant in the FY06 grant cycle was passed and carried.</p>



<b>Licensure Sub-Committee Report</b>	
<p><b>2005-2006 Agency Licensure Renewal Progress</b></p> <ul style="list-style-type: none"> <li>• 171 licenses complete</li> <li>• 9 agencies lapsed ~ not yet submitted</li> <li>• 11 agencies received provisional license through March 06, to obtain off-line medical director</li> <li>• New license has new logo, clinical level and transport capability displayed.</li> </ul> <p><b>General Session Discussion</b></p> <p>Discussion about the 9 agencies which did not renew. Issues are grant ineligibility, individual certification status because of lack of affiliation, and lack of a medical director. Some of these are seasonal, event based agencies which are currently not active. Tawni will investigate whether any of the agencies were granted vehicles or equipment.</p>	
<p><b>Jerome County Paramedics dba Divine Medical Services Initial Application ALS 2</b></p> <p><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• Provisional License approved through the date of this EMSAC meeting.</li> <li>• Agency changing name and administration, previously running under St. Al's license.</li> </ul>	<p><b>Sub-Committee Motion</b></p> <p>A motion to recommend approval of a permanent license for Divine Medical was seconded and carried.</p> <p><b>General Session Motion</b></p> <p>A motion to accept the sub-committee motion was seconded and carried.</p>
<p><b>Meridian Fire Department Upgrade BLS Non-Transport to ALS 5</b></p> <p><b>Key Points</b></p> <p>Inspection of vehicles and ALS equipment completed. Deployment plan to get station 1 up and running in January. Plan to orient personnel at Station 1 to the system and the paramedic level protocol. All 3 stations will be at the paramedic level. Don't have all drugs purchased yet, but has a drug management plan in place.</p>	<p><b>Sub-Committee Motion</b></p> <p>A motion to recommend licensure approval for Meridian Fire Department at ALS 5 level was seconded and carried.</p> <p><b>General Sub-Committee Motion</b></p> <p>A motion to accept the sub-committee motion was seconded and carried.</p>

<b>Disciplinary Sub-Committee Report</b>	
<p><b>Instructor Revocation Review Request</b></p> <p><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• Letter submitted on final allowable day was not included Sept 2005 when case was reviewed.</li> <li>• Letter and additional fax reviewed in consideration of instructor revocation recommended last EMSAC.</li> </ul>	<p><b>Sub-Committee Motion</b></p> <p>A motion to recommend acknowledging receipt of the instructor's documentation and further review, but original decision stands was seconded and carried.</p> <p><b>General Session Motion</b></p> <p>Motion to recommend accepting the subcommittee motion was seconded and carried.</p>
<p><b>Epi Pen Usage Case – FYI</b></p> <p><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• Agency enrolled in Epi program used epi-pen and submitted the PCR.</li> <li>• Areas of concern noted by Regional Consultant including poor documentation of past history, physical exam findings and patient disposition.</li> <li>• Letter sent to agency medical director for internal follow up.</li> </ul>	
<p><b>Alleged DNR Disregard Investigation Outcome – FYI</b></p> <p><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• Final Outcome – Certificate Action of 1 day EMS certification suspension to both paramedics involved.</li> </ul> <p><b>General Session Discussion</b></p> <p>Considerable discussion about concerns in managing the DNR requirements, varying end of life instruments, the equity of the reprimand, precedent setting for future disregards, and investigation process. The Bureau responded that the decision was made after lengthy and thorough considerations. The report is informational only and is not subject to an EMSAC vote. Concerns were noted.</p>	